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5(CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 10/13
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page	(check onl	y one) 22
	y Information copied from such Reports and State for commercial purposes, other than using the na			
\rangle	NAME OF COMMITTEE (In Full) ALAMO PAC			
۹.	Full Name (Last, First, Middle Initial) Florida Bankers Association Political Act Mailing Address P.O. Box 11117	on Committee		Transaction ID: SB28C.5387 Date of Disbursement 1 0 2 6 7 2 0 0 6
	City Tallahassee Purpose of Disbursement Refund of 7/25/06 Contribution Candidate Name	State Zip Code FL 32302	010 Category/ Type	Amount of Each Disbursement this Period 2500.00
	Office Sought: X House Senate President State: SC District: 04	ement For: Primary General Other (specify)		

	_	2500.00
SUBTOTAL of Disbursements This Page (optional)		2500.00
TOTAL This Period (last page this line number only)	•	2500.00